



PTO/SB/22 (10-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		<b>Docket Number (Optional)</b> WEN-0029	
Application Number 10/755,490 <u>10/755,490</u>		Filed January 13, 2004	
For CORNEAL SURGERY APPARATUS			
Art Unit 3739 Conf. # 1091		Examiner Henry M. Johnson, III	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020.00	\$510.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>24,104</u>			
_____ Signature		_____ Date	
_____ Ronald P. Kananen Typed or printed name		_____ (202) 955-3750 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

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